**Speaker**: Lecture Info in **CME database**

**Phone:**  Date/Title in **GR Master Schedule**\_\_\_\_\_\_\_

**Fax:**

**Email**:

**Contact person:** P**hone:**  **Email**:

**Lecture Date:** \_ **Title:**

**Division : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Sent/**  **Requested** | **Rec’d** | **Misc.** | **Misc.** |
| **1st Invitation** to speak |  |  |  |  |
| **Confirmation** letter |  |  |  |  |
| **Faculty Disclosure Form** |  |  | Faxed to **CME** office x7453  if applicable | **Relevant Financial Relationships Disclosed** Y or N  If yes, need COI review |
| **COI** **Review**-form forwarded to reviewer along with presentation slides |  |  | COI resolved, if applicable | **COI final form** faxed to CME x74533 along with presentation slides |
| **Copy of** **Slides**  (also send to CME, if COI) |  |  | **Emailed –**  **Fax CME 74533** | **On U drive:\_\_\_\_\_\_\_**  **On UCB:\_\_\_\_\_\_\_\_**  **On T drive:\_\_\_\_\_\_\_** |
| **Commercial Support**  Yes\* (see additional info below)  No |  |  |  |  |
| **CV& Bio** |  | Bio\_\_\_\_\_\_  CV\_\_\_\_\_\_ |  |  |
| **Title** |  |  |  |  |
| **Objectives** |  |  |  |  |
| **References** |  |  |  |  |
| **W-9** sent, if applicable |  |  |  |  |
| **Honorarium** amount |  |  |  |  |
| **Honorarium**  expenses processed? | Started: | Receipts copied/sent for processing | Completed: |  |
| **A-V** **needs**? |  |  | Emailed: |  |
| **Weekly Flyer**  Faculty Disclosure and planner statement must be included on flyer | Started: | Completed: | Commercial Support acknowledged, if applicable | Emailed to CME for approval of Faculty Disclosure and Commercial Funding Statements, if applicable |
| **Sign-in** **Sheets** | Started: | Completed: | Given to |  |
| **Newslink** notice | Started: | Completed: | Sent to Newslink: |  |
| **Directions/Map** to lecture location |  |  | Emailed to speaker |  |
| Guest Speaker **Schedule** | Started: | Completed: | Sent to speaker, etc. |  |
| **Post-activity** **Financial Report** | Started: | Completed: | Sent to CME dept |  |
| **Activity File** complete: flyer, disclosure, CV, sign-in sheets, roster from database showing credit posted, COI form, slides, post activity financial form |  | Completed: |  |  |
| Coordinator’s Initials (proof of complete file |  |  |  |  |

\*Commercial Support-if commercial support is awarded, need to have a properly executed and approved Letter of Agreement (LOA) prior to acceptance of funds and event date. Contact CME Office for procedure.